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COUNTY COUNCIL OF DURHAM.

EDUCATION DEPARTMENT.



ANNUAL REPORT
OF THE
PRINCIPAL SCHOOL
MEDICAL OFFICER

IAN McCRACKEN

M.A., B.Sc., M.B., Ch.B., D.P.H.

FOR THE YEAR 1956.

MEDICAL OFFICER'S LIBRARY

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INDEX

	PAGE
Convalescent Treatment	26
Co-operation with other Health Services :	
County Health Services	19
General Medical Practitioners... ..	18
Hospital and Specialist Services	18
Courses and Conferences	9
Dental Service	28
Eye Service	16
General Statistics	5
Handicapped Pupils	19
Mass Radiography Service	18
Medical Inspection	11
Medical Treatment	15
Miscellaneous Medical Examinations :	
Children and Young Persons Act, 1933	27
Other	27
Physical Education—Report	31
Provision of School Meals	29
Report of Speech Therapist	27
School Clinics	15
School Hygiene, Sanitation and Future Development	10
Staff	6
Vaccination B.C.G.	17

	PAGE
APPENDIX I.	
Ministry of Education Tables	35
APPENDIX II.	
Report of the County Superintendent Health Visitor	40
APPENDIX III.	
List of School Clinics, Child Guidance Centres, Speech Clinics and Dental Clinics	43
APPENDIX IV.	
Analysis of Cases Examined and Treated at the School Clinics ...	47
APPENDIX V.	
Summary of Communicable Diseases	48
APPENDIX VI.	
Annual Report on School Health Service—Stockton-on-Tees Committee for Education	49

PREFACE

Ladies and Gentlemen,

I beg to present the Annual Report on the School Health Service and the health of the school child in the administrative county for 1956. It is in substantially the same form as in the previous year and has been compiled by the Deputy Principal School Medical Officer, Dr. Shanley. A Report on the work of the School Health Service in Stockton for which I am indebted to Dr. H. J. Peters is contained in Appendix VI.

As anticipated last year, two special schools were opened during 1956, Whitworth House Day Special School, for 100 educationally sub-normal boys and girls, and Walworth Castle Residential Special School for 60 educationally sub-normal girls.

It was found possible to extend further the arrangements for B.C.G. vaccination of school children between their thirteenth and fourteenth birthdays, and this resulted in a substantial increase in the numbers vaccinated.

Infectious diseases among school children showed no particularly new feature. It is perhaps worth recording that, in 1956, no confirmed case of diphtheria occurred in the administrative county.

I take the opportunity again to thank the staff of the School Health Department, and the Director of Education and his staff, particularly the Head Teachers and Teachers for their help throughout the year, and the Chairman and Members of the Education Committee for their continued consideration and support.

I am, Ladies and Gentlemen,

Your obedient Servant,

IAN McCRACKEN.

COUNTY COUNCIL OF DURHAM

EDUCATION (MEDICAL) DEPARTMENT.

Forty-ninth Annual Report of the Principal School Medical Officer.

General Statistics.

The numbers given below relate to the Administrative County Area excluding the Excepted Division of Stockton-on-Tees. Figures relating to this Division appear in Dr. Peters' report in Appendix VI.

<i>Type of School.</i>				<i>No.</i>	<i>No. on Rolls.</i>
Nursery	...	...	...	18	750
Primary	...	...	...	403	107,011
Secondary Modern	...	...	...	90	25,596
Secondary Grammar	}	...	...	18	8,847
Grammar/Technical					
Hospital Schools	...	...	...	1	17
Special Schools	...	...	...	3	209
				<hr/> 533 <hr/>	<hr/> 142,430 <hr/>

CLINIC ATTENDANT :—

Freda Parsons (Mrs.).

SCHOOL DENTAL ATTENDANTS :—

Janet Benson.
 Sarah E. Bland.
 Mary K. Brown.
 Mabel Burdon (Mrs.) (Resigned 31.5.56).
 Freda A. Carter.
 Marion W. Jamieson.
 Ida Jennison.
 Shirley A. O'Neill (Resigned 30.9.56).
 Nellie Porter.
 Jane I. Purvis.
 Olive Savage.
 Charity S. Smart (Mrs.).
 Lily Walker.
 Elsie Kennedy (Mrs.) (Part-time).
 Alma Close (Commenced 15.11.56).

CLERICAL STAFF :—

James Taylor.
 *James S. Ward.
 †Norman Lee.
 †*John A. Davidson.
 †*John Crossman.
 †Joseph Hutchinson.
 †Wilfred J. Plumb.
 Thomas A. Eddy.
 Claude S. Gooch.
 Matthew R. Tate.
 *Tom Phillips.
 †Bewick Brown.
 †Joseph Willis.
 Arthur G. Hardy (Retired 31.5.56).
 †Ernest Sanderson.
 James T. Brownlow.
 *Cecil V. Crossling.
 *George E. Wallis.
 Ronald B. Newton.
 John Price.
 †Leslie Bryan.
 †John G. Glenwright.
 Richard Watson.
 †John A. Tomlinson.
 *Norman L. Auston.
 *Derrick Golightly.
 Keith Blenkiron (H.M. Forces).
 †Henry A. Marriner.
 †*Barry Carr.
 *Edith Hall.
 Eva Gittins (Mrs.).
 Hannah Hopwood.
 Mary I. Siggins.
 Esther Chicken.
 Violet Hunter (Mrs.).

*Mildred Snowball.
 *Patricia K. Palmer.
 Joyce Heslop.
 Jean Hunter.
 Jane A. Pallister.

* Transferred from Department during year.

† Transferred to Department during year.

Dr. E. Bainbridge retired on the 7th May, 1956, after approximately 27 years service with the School Health Service. The Education Committee placed on record their appreciation of her long, devoted, and loyal service.

Other changes which have taken place during the year are:—

Dr. A. Book	—	resigned, 30th June, 1956.
Dr. F. Cort	—	commenced, 9th January, 1956.
Dr. J. M. H. Hopper	—	commenced, 13th August, 1956 (Temp.)
Dr. D. P. Pick	—	commenced, 27th September, 1956.
Dr. W. Welsh	—	commenced, 1st February, 1956 (Temp.), 1st July, 1956 (Perm.).

Courses and Conferences.

Members of the School Health Service Staff attended courses and conferences as set out below:—

Central Council for Health Education—Conference on Health Education in Mental Health, in London on 26th January, 1956.

Dr. W. E. Rigby.

Refresher Course on Child and Family Psychiatry, Ipswich, 9th to 13th April, 1956.

Dr. G. H. Shanley.

Annual Conference of the National Association for Mental Health, Harrogate, 12th to 13th April, 1956.

Dr. W. E. Rigby.

Course on Ascertainment of Educationally Sub-normal Children and Mental Defectives, in London, 23rd April to 11th May, 1956.

Dr. F. Cort.

Dr. S. M. C. Thompson.

Annual Conference of the British Dental Association, Brighton, 25th to 29th June, 1956.

Mr. A. T. Picton.

Mrs. M. M. Lishman.

Refresher Course for School Medical Officers, London, 17th to 21st September, 1956.

Dr. G. H. Shanley.

Course on Ascertainment of Educationally Sub-normal Children and Mental Defectives, London, 1st to 19th October, 1956.

Dr. K. W. Balut.

Refresher Course for Speech Therapists, Whitley Bay, 11th to 14th October, 1956.

Miss E. Berthon.

Miss E. J. Gentles.

Refresher Course on Ascertainment of Educationally Sub-normal Children and Mental Defectives, London, 29th October to 2nd November, 1956.

Dr. D. D. Nichol.

SCHOOL HYGIENE, SANITATION AND FUTURE DEVELOPMENT.

School Medical Officers inspect school premises at routine medical inspections and any defects in the general arrangements and sanitary accommodation are reported for attention.

Improvements continue to be made in washing facilities and sanitary accommodation.

1. New Schools with hot water installation opened during 1956 :—

County Primary	...	...	...	...	...	2
Special Schools	...	...	...	...	...	2
2. No. of schools, other than new schools, where hot water supply was installed during 1956 :—

Completed	...	...	...	...	...	...	30
In hand but not completed by 31st December	...						38
3. Total number of schools with hot water installations on the 31st December 1956—174.

Two special schools have been opened during the year. Whitworth House Day Special School, Spennymoor, for educationally sub-normal boys and girls of 7 years and upwards (7-16) and Walworth Castle Residential Special School for educationally sub-normal senior girls.

Day Special Schools for educationally sub-normal children are at present being built at Felling and Horden.

The development plan provides for additional day special schools for educationally sub-normal children and one residential special school for educationally sub-normal senior boys.

Redworth Hall Residential Special School for delicate senior boys will be opened early in 1957 and it is hoped that Windlestone Hall Residential Special School for delicate children (senior girls and junior mixed) will be ready later in the year.

MEDICAL INSPECTION.

The periodic medical inspection of children at school is one of the main duties of school medical officers. It is usually at these inspections that hitherto unsuspected physical defects come to light. Parents are invited to attend so that any problems arising from the examination may be discussed. Children presented for examination in the lower age groups are usually accompanied by a parent, but the number is much smaller in the "Leaver" group. The Ministry of Education requirements, as laid down in the School Health Service and Handicapped Pupils Regulations, 1953, are:—

The arrangements made by the Authority for the medical (including dental) inspection of pupils attending schools maintained by the Authority shall ensure a general medical inspection of every pupil on not less than three occasions at appropriate intervals during the period of his compulsory school age and other medical inspections of any pupils on such occasions as may be necessary or desirable. Provided that there may be fewer than three general medical inspections for any pupil who attends schools maintained by the Authority for less than the period of his compulsory school age or, if the Minister approves, for all pupils.

Most Authorities who had been inspecting four groups, i.e. Entrants 8+ to 9+, 11+ to 12+, and Leavers, reduced the number of groups to three, leaving out the 8+ to 9+ group. The wisdom of this procedure was doubted by many experienced school medical officers but, as far as can be ascertained, it does not appear to have had noticeably adverse effects. The arrangement made by this Authority for four inspections still stands but the whole matter is under review and, at this moment, it would appear that the periodic examination of the 8+ to 9+ group may go. The advantages to be gained by the change would be that all entrants could be examined in their first year at school, all leavers could be inspected during their last year of compulsory attendance, and all inspections could be brought up-to-date by the present staff. This would not cause any children of the 8+ to 9+ age group, or indeed of any age, to be denied the advantage of careful medical examination. Co-operation between parents, school medical officers and most particularly head teachers, by the referral of all necessary cases to the local school clinic would ensure full examination. A middle group would be inspected at 10+ instead of the present 11+. The proposed groups, would, therefore, be: Entrants, 10+ and Leavers.

This year 45,871 pupils were examined at periodic medical inspections compared with 37,719 in the previous year, an increase of 8,152.

1,367 children were specially examined at the request of head teachers and parents.

3,867 children, who at the previous periodic medical inspection were found to be suffering from a defect requiring observation only, were re-inspected.

At routine medical inspection of school leavers, the school medical officer advises, where necessary, on the unsuitability of certain types of employment.

The number of defects found at medical inspections is shown in the table on page 14.

It is pleasing to note that there was an appreciable fall in the number of skin defects requiring treatment.

For many years the classification of pupils into four categories was based on 'Nutrition' and from 1947 onwards the classification A good, B fair, C poor, was determined on the 'general condition' of the child.

The Ministry of Education directed that as from January 1st, 1956, pupils were to be classified into one of two categories, "Satisfactory" or "Unsatisfactory", that this classification, which was formerly based on 'general condition', should be based on 'physical condition' and that it should be a summing up of the medical officer's opinion of the child's physical fitness. The reason for having two categories only is a practical one—every child whose physical condition is considered unsatisfactory should be thoroughly investigated, including his home circumstances, so that he can be made as fit as possible. This can best be achieved by referral to the nearest school clinic where the child can be kept under observation as long as may be necessary.

1,999 children were classified as unsatisfactory out of a total of 45,871 examined at routine inspections.

Dr. Nichol reported that during the year most of the inspections carried out by her were in infants' schools. She found a good general standard of health in the 5-7 year group. Quite a number of these children had fine physique and parental care was of a good standard. The percentage requiring treatment or observation for defects is less than in previous years. Parents throughout the year have given good co-operation.

CLASSIFICATION OF PUPILS INSPECTED IN THE AGE GROUPS, 1956.

Year.	Number of Children Inspected.	Official Classification.					
		A.		B.		C.	
		No.	%	No.	%	No.	%
1954	41,761	15,440	36.97	24,919	59.67	1,402	3.36
1955	37,719	14,982	39.72	21,686	57.49	1,051	2.79
1956	45,871	Satisfactory.			Unsatisfactory.		
		No.		%	No.		%
		43,872		95.6	1,999		4.4

MEDICAL TREATMENT.

School Clinics.

The clinics are normally open between the hours of 9.30-11.30 a.m. and 1.30-3.30 p.m.

The examination and treatment by school oculists, dental officers, educational psychologists and speech therapists is by appointment only.

A full list of school clinics, speech clinics and child guidance centres showing details of services available and the days of attendance of staff is given in Appendix III.

Work in connexion with the proposed school clinics at Durham and Wingate is proceeding and the clinics should be opened in 1957.

In general, treatment conformed roughly to the pattern of recent years.

Impetigo.

Early and effective treatment is required and where the disease is severe pupils are excluded from school. 552 cases were treated at school clinics in 1956 as compared with 912 in the previous year.

Ringworm.

143 cases of ringworm of the scalp were treated during the year compared with 11 cases in 1955. The considerable increase was attributed to outbreaks in the Hartlepool and Bishop Auckland areas in the latter part of the year.

Ringworm of the scalp of the human type is a highly contagious infection transmitted from one person to another and usually affects children.

Treatment can be prolonged and must be carried out with meticulous care, and in severe cases removal of the hair by X-ray is required in addition to other measures.

Facilities for diagnosis by the Woods Lamp in the clinics was extended to general practitioners in areas where there were known cases. This lamp is particularly helpful in establishing diagnosis and in watching progress under treatment. Several general practitioners made use of the offer and expressed their thanks. In view of the doubt expressed by a leading local dermatologist as to the efficiency of many Woods lamps, the lamps used in this County, although built to a rigid specification, were examined under the direction of the consultant and found to be efficient.

Defective Vision.

3,656 children were examined by the school oculists for refractive errors, the majority of which were discovered at routine medical inspections.

Dr. McNicol's return to duty following her illness in 1955 accounts for the increased number of refractions carried out during the year.

Children requiring operative or orthoptic treatment are referred to hospitals.

The school oculists, when doing refractions, include retinoscopy in their examination.

Ultra Violet Ray Treatment.

458 pupils attended school clinics for sun-ray treatment, a total of 6,229 attendances being made during the year.

Cases are referred for treatment by medical practitioners, hospitals and school medical officers.

Orthopaedic and Postural Defects.

It has not been the policy of this authority to provide separate orthopaedic clinics for children. Full facilities are available under the National Health Service.

Children found at routine medical inspection or school clinics to require specialist advice or treatment are referred, subject to the consent of the parent and the agreement of the family doctor, to the orthopaedic clinics at the local hospitals. 241 children were known to have received such treatment during the year.

Full reports on cases are sent by the hospitals to the general practitioners and to the School Health Service.

Vaccination against Poliomyelitis.

In January 1956 the Ministry of Health announced that a vaccine which was believed to confer a degree of protection against poliomyelitis would be made available in small quantities later in the year to local health authorities. Children born in November of each of the years 1947 to 1954 and in March of the years 1951 to 1954 were selected for this vaccination.

Arrangements were made by the County Medical Officer of Health for the children to be vaccinated and school medical officers assisted in some areas with this work.

B.C.G. Vaccination.

As in previous years, arrangements were made by the medical officers of the County Health Department for the B.C.G. vaccination of school leavers. 1,490 children were vaccinated as compared with 703 in 1955.

Details of children who received B.C.G. vaccination during 1956 are as follows:—

District.	Dates of Vaccination.	Number of Schools.	Number of children Vaccinated.				Totals.
			12 yr. old.	13 yr. old.	14 yr. old.	15 yr. old.	
Easington R.D. ...	13.1.56 20.1.56 3.2.56 10.2.56 24.2.56 2.3.56 9.3.56	25	1	331	37	—	369
Seaham U.D. ...	14.9.56 28.9.56	5	5	124	1	—	130
Easington R.D. ...	5.10.56 12.10.56 2.11.56 9.11.56 16.11.56 23.11.56	24	1	270	12	—	283
Chester-le-Street U.D.	5.10.56	3	—	92	13	—	105
Stanley U.D. ...	5.10.56 12.10.56 19.10.56	11	—	299	4	—	303
Chester-le-Street R.D.	12.10.56 19.10.56 2.11.56 9.11.56	13	7	162	22	1	192
Brandon U.D. ...	16.11.56 23.11.56	7	2	105	1	—	108
Totals...		88	16	1,383	90	1	1,490

Mass Radiography Service.

A summary of the work of the Mass Radiography Units of the Regional Hospital Board so far as it affects school children, staff and intending teachers is given below. (Figures for 1955 are given in brackets).

(1) School Children	...	...	...	...	...	...	8025 (6495)
(2) Staffs (i.e., Teachers, meals attendants and school meals workers)	...	...	...	...	...	...	609 (338)
(3) Candidates for admission to courses of training for teaching and to the teaching profession	...	...	...	...	...	...	528 (497)

Co-operation with Medical Practitioners, Hospitals and other Health Services.

The goodwill of medical practitioners has been maintained throughout the year, their consent being obtained before arranging treatment at hospitals or obtaining specialist advice on pupils found to have defects which need further investigation.

In all specialist medical services, i.e. surgery, orthopaedics, paediatrics, etc., full and adequate services have been obtained by the facilities provided under the National Health Service Acts. It has not been found necessary to establish special clinics and duplication of services with those provided at hospitals by the Regional Hospital Board has been avoided.

It is well to stress once again the procedure adopted in reference to consultants or in obtaining from them reports on children.

In the case of children requiring treatment, the matter is brought to the notice of the family doctor who may deal with it himself or allow it to be dealt with through the School Health Service.

Where a medical report is required from consultants or specialists, a signed consent is obtained from the parent or guardian agreeing to the disclosure of information relating to the child. This system works well and consultants have expressed their approval.

As a result of arrangements made last year with Professor S. D. M. Court, Head of Children's Department, Royal Victoria Infirmary, Newcastle upon Tyne, and Dr. W. G. A. Swan, Physician-in-Charge, Cardiovascular Department, General Hospital, Newcastle upon Tyne, pupils with actual or suspected heart defects were referred to consultant cardiologists. Head teachers were informed of any recommendations by the consultants of necessary restrictions in the children's activities at school. The value of these arrangements is well shown by the following excerpts from letters received from the consultants concerned.

Dr. W. G. A. Swan states:—

“ We have seen a considerable number of cases referred for a cardiological opinion by School Medical Officers. More than half have had, in fact, no heart disease but have presented a murmur or some irregularity of pulse which might, in times past, have led to unnecessary restrictions at school and sown the seeds of cardiac neurosis. In these cases we have been able to state definitely that there was no heart disease and so removed this shadow from the life of both child and parents.

Among cases of organic heart disease congenital malformation have naturally been the most common. We have been able to select cases of cyanotic congenital heart disease (“ blue babies ”) patent ductus arteriosus (once seen in a pair of twins) and coarctation of the aorta and refer them for operative treatment, usually with excellent results. In this work we have received valuable assistance from the Department of Child Health and, of course, the Regional Department of Thoracic Surgery at Shotley Bridge Hospital.”

Dr. M. B. Bethune of the Cardiological Unit, Royal Victoria Infirmary, Newcastle upon Tyne, states:—

“ I am most grateful to you for referring so many school children to me suffering from cardiac murmurs and have been most interested to see them. Of these approximately 50% have proved to have organic heart disease, the majority being congenital and about 6% being rheumatic. The others, although having cardiac murmurs, have had no under-lying organic disease and have fallen into the class of benign systolic murmurs.

Of those with organic disease several have already been referred for surgery and the others, with your help, I should like to follow during the coming years (a) with a view to referral for surgery at the appropriate age and (b) for general management and particularly with a view to participation in games and P.T.

The 50% who have proved to have benign murmurs I feel form an extremely valuable group, as these children are apt to be classified amongst the disabled children and to have unnecessary restrictions put upon them. I feel therefore that this arrangement whereby you refer all these children with cardiac murmurs is likely to be one of value to the children concerned.”

The friendly relationship between the School Health Service and other county health services was maintained throughout the year.

Reports from the health visitors on the pre-school child are of the utmost help to the School Health Service, and the co-operation of this and other branches of the health service is welcomed.

Handicapped Pupils.

The School Health Service and Handicapped Pupils Regulations 1953 defined the various categories into which pupils requiring special educational treatment should be classified:—viz. blind, partially sighted, deaf, partially deaf, educationally sub-normal, epileptic, maladjusted, physically handicapped, delicate and pupils suffering from speech defect.

Early ascertainment is essential to ensure that any child who is handicapped receives special educational treatment as soon as possible in accordance with his age, ability and aptitude. This educational treatment may be in an ordinary school, a special class or a special school, day or residential.

Blind Pupils—

that is to say, pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight. Children in this category should be admitted to special nursery schools at an early age.

No. of children examined by Consultant Ophthalmologists during the year	...	...	...	...	...	...	...	...	9
No. of children examined by School Medical Officers during the year...									5
School Medical Officers' recommendations :—									
(a) Special schools for blind pupils	...	...	...	...	...	...	...	...	3
(b) Education otherwise than at school	...	...	...	...	...	...	...	...	1
(c) Incapable of receiving education at school	...	...	...	...	...	...	...	...	1
No. in special schools at end of year	...	...	...	...	...	...	...	...	29
No. receiving education otherwise than at school	...	...	...	...	...	...	...	...	—
No. requiring places in special schools	...	...	...	...	...	...	...	...	—

Partially Sighted Pupils—

that is to say, pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight.

The provision of spectacles, attention to lighting and suitable placement in class enables many partially sighted children to be educated in ordinary schools.

No. of children examined by Consultant Ophthalmologists...	...	...	...	...	...	...	...	6
No. of children examined by School Medical Officers	...	...	...	...	...	...	...	4
School Medical Officers' recommendations :—								
(a) Ordinary schools	...	...	...	...	...	...	...	1
(b) Special schools for partially sighted	...	...	...	...	...	...	...	—
(c) Special schools for other categories	...	...	...	...	...	...	...	3
(d) Re-examination	...	...	...	...	...	...	...	—
No. in special schools at end of year	...	...	...	...	...	...	...	11
No. receiving education otherwise than at school	...	...	...	...	...	...	...	1
No. requiring places in special schools	...	...	...	...	...	...	...	5

Deaf Pupils—

that is to say, pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language.

No. of children examined during the year	...	...	...	...	10
School Medical Officers' recommendations :—					
(a) Special schools for deaf children	...	...	...	...	10
No. in special schools at end of year	...	...	...	...	88
No. receiving education otherwise than at school	...	...	...	...	1
No. requiring places in special schools	...	...	...	...	10

Partially Deaf Pupils—

that is to say, pupils who have some naturally acquired speech and language but whose hearing is so defective that they require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils.

Since there are varying degrees of deafness, it is essential that training should begin as soon as possible to prevent any further loss of what hearing a partially deaf child may possess.

Natural speech is developed through hearing sounds, being taught to understand the sounds and provided a child retains some hearing he can usually be educated in a normal school with the help of a hearing aid. Special training may be necessary in the use of hearing aids, particularly when dealing with the very young.

If the educational development of a child with a hearing aid is retarded, then education in a special school for partially deaf should be considered.

No. of children examined during the year	...	...	...	...	11
School Medical Officers' recommendations :—					
(a) Ordinary schools	...	...	...	...	5
(b) Special schools for partially deaf pupils	...	...	...	...	3
(c) Special schools for other categories	...	...	...	...	1
(d) Re-examination	...	...	...	...	2
No. in special schools at end of year	...	...	...	...	3
No. receiving education otherwise than at school	...	...	...	...	—
No. requiring places in special schools	...	...	...	...	3

Educationally Sub-normal Pupils—

that is to say, pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.

Educationally sub-normal pupils are by far the largest group of handicapped pupils.

704 children were examined during the year, and of these 402 were recommended for admission to special schools. 145 children were admitted to special schools during the year, but there is still a waiting list of more than 800.

Two special schools were opened during the year:—

- (a) Whitworth House Day Special School, Spennymoor. Accommodation for 100 pupils, boys and girls between the ages 5-16 years. This is the first day special school for educationally sub-normal pupils opened in the County.
- (b) Walworth Castle Residential Special School—accommodation for 60 girls between the ages 11-16 years.

Day Special Schools for educationally sub-normal children are at present being built at Felling and Horden, and Elemore Hall, near Pittington, is being adapted for use as a residential special school for senior boys. Provision for additional day special schools is made in the County development plan.

As a result of surveys undertaken in certain parts of the County, the number of ascertained educationally retarded pupils has increased as compared with previous years and consequently the number recommended by the school medical officers for special education in special schools has increased.

53 pupils were classified by school medical officers as incapable of receiving education at school and recommended for report to the Local Health Authority under Section 57(3) of the Education Act, 1944.

No. of children examined during the year	...	...	...	...	704
School Medical Officers' Recommendations :—					
(a) Ordinary schools	...	...	...	...	29
(b) Special education in ordinary schools	...	...	...	...	114
(c) Special schools for educationally subnormal pupils	...	...	...	...	402
(d) Special schools for other categories	...	...	...	...	7

(e) Education otherwise than at school	...	...	...	...	—
(f) Incapable of receiving education at school	...	...	...	...	53
(g) Supervision after leaving school	...	...	...	...	27
(h) Re-examination	...	...	...	...	72
No. in special schools at end of year	...	...	...	...	248
No. receiving education otherwise than at school	...	...	...	...	6
No. requiring places in special schools	...	...	...	...	829

Epileptic Pupils—

that is to say, pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils.

It cannot be too strongly emphasised that epilepsy is not a bar to admission to ordinary schools. It has been wisely stressed for some time now that children suffering from epilepsy, other than exceptional cases, should not be separated from their fellows but should enjoy full ordinary education and normal home life.

In cases where fits do occur at school, it should be well within the competence of all teachers to deal with episodes when they occur. An assurance by the teacher to the class that their playmate is merely temporarily ill should be sufficient to allay fears and subsequent seizures are viewed without undue perturbation.

There are, however, cases which cannot be dealt with satisfactorily in ordinary schools and require special schooling. Among this group are the children showing the abnormal behaviour of the so-called epileptic equivalents. Several cases have been returned home from special schools for epileptic children because of their comparative freedom from major attacks (fits). Nevertheless these children can cause greater upset both at home and in a wider community than the obvious epileptic and their place is undoubtedly in a special school for epileptic children. It is hoped that those in charge of such special schools will view this matter with great care.

It is a sobering thought that perhaps the suppression of major attacks obtained by present-day treatment, may unblock other even more undesirable manifestations principally in the form of extraordinary behaviour.

This has sometimes been termed "misbehaviour". This is a most harmful misconception implying as it does the conscious participation of the unhappy victim. This bizarre behaviour in epileptics should be fully recognised as an actual sign of the illness.

No. of children examined during the year	...	...	...	...	18
No. of children re-examined during the year	...	...	...	...	2
School Medical Officers' recommendations :—					
(a) Ordinary schools	...	...	...	...	5
(b) Special schools for epileptics	...	...	...	...	4
(c) Special schools for other categories	...	...	...	...	4
(d) Re-examination	...	...	...	...	7
No. in special schools at end of year	...	...	...	...	10
No. receiving education otherwise than at school	...	...	...	...	1
No. requiring places in special schools	...	...	...	...	4

Maladjusted Pupils—

that is to say, pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment.

Information is received from many sources, e.g. head teachers, parents, general medical practitioners and school medical officers, of children requiring treatment for emotional instability, behaviour, and other disorders. A number of cases are referred by the magistrates of juvenile courts.

87 children were referred during the year to the Child Guidance Clinics at Darlington, Sunderland or Stockton.

3 pupils were recommended for admission to a special school for maladjusted children.

No. of children who attended Child Guidance Centres during the year	87
No. of children examined by School Medical Officers during the year...	5
School Medical Officers' recommendations :—	
(a) Special schools for maladjusted	3
(b) Re-examination	2
No. in special schools at end of year	6
No. receiving education otherwise than at school	—
No. requiring places in special schools	3

Physically Handicapped Pupils—

that is to say, pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools.

Children with cerebral palsy, paralysis following poliomyelitis, severe heart disease, and congenital defects of the spine are some of the examples of the many defects which fall within this category.

Many physically handicapped children can be educated in an ordinary school with a slight modification of the normal regime but where this is impossible, arrangements are made, where appropriate, for them to attend a special school. The placement in a special school of children with multiple defects is very difficult and it may be necessary to recommend home tuition.

No. of children examined during the year	...	...	...	...	125
No. of children re-examined during the year	...	...	...	...	21
School Medical Officers' recommendations :—					
(a) Ordinary schools	...	...	...	...	37
(b) Special schools for physically handicapped children	...	...	...	...	11
(c) Special schools for other categories	...	...	...	...	3
(d) Hospital special schools	...	...	...	...	2
(e) Education otherwise than at school	...	...	...	...	77
(f) Unsuitable for any school	...	...	...	...	8
(g) Re-examination	...	...	...	...	8
No. in special schools at the end of year	...	...	...	...	39
No. receiving education otherwise than at school	...	...	...	...	133
No. requiring places in special schools	...	...	...	...	17

Delicate Pupils—

that is to say, pupils not falling under any other category in this Regulation, who by reason of impaired physical condition need a change of environment or cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools.

10 children were admitted to special schools during 1956.

The opening of Redworth Hall early in 1957 should provide sufficient places to meet the requirements of the County for senior boys.

No. of children examined during the year	...	...	...	...	74
No. of children re-examined during the year	...	...	...	...	3
School Medical Officers' recommendations :—					
(a) Ordinary schools	...	...	...	...	24
(b) Special schools for delicate children	...	...	...	...	32
(c) Education otherwise than at school	...	...	...	...	10
(d) Re-examination	...	...	...	...	11
No. in special schools at end of year	...	...	...	...	34
No. receiving education otherwise than at school	...	...	...	...	7
No. requiring places in special schools	...	...	...	...	28

Diabetic and Epileptic Holiday Camps.

Arrangements were made for children to attend holiday camps under the auspices of the British Diabetic Association and the British Epilepsy Association as follows:—

The British Diabetic Association.

St. Monica's Hostel, Kingsdown, Near Deal, Kent	...	...	4
Shaftesbury House, Rustington, Sussex	...	...	1
Youth Hostels, Filey and Saltburn	...	...	3

The British Epilepsy Association.

Evenley Hall Holiday Camp, Brackley, Northants	3
--	-----	-----	---

Convalescent Treatment.

Children recommended by the school medical officers for convalescence are sent to homes administered by the Invalid Children's Aid Association.

8 children were admitted to convalescent homes during the year.

Education otherwise than at school—commonly called Home Tuition.

Home Tuition is provided for the following classes of handicapped children:—

1. Handicapped children unsuitable for special schools.
2. Handicapped children awaiting places in special schools who cannot attend ordinary schools in the meantime.
3. Children who, because of serious illness or other incapacitating conditions, are temporarily unable to attend school.

Parents of these children are most grateful but the main benefit is felt by the children themselves. They feel they are part of the school system and are not forgotten children. With teaching, their standard of education improves and they are able to enlarge their interests in fields where their disabilities are not a bar. It has been noted in many cases there has been an improvement in general health probably due to this stimulation of interests and the consequent diminution of worrying over their disabilities.

At the end of the year 149 children were being educated, otherwise than at school, in accordance with arrangements made under Section 56 of the Education Act, 1944.

In hospitals	...	...	71
At home	...	...	78

Speech Therapy.

Miss Berthon, Speech Therapist, states:—

“ Miss Betty Blanch, who worked in the Bishop Auckland area, left the staff last May ; and Miss Barbara Welsh took up her appointment in September.

The shortage of speech therapists in this county is acute ; there should be at least five therapists to cover Bishop Auckland, Crook and Shildon, Durham, Stanley and Consett, Washington, Thornley and Horden, Seaham, Houghton and Hartlepool. Some of the clinics have had to be closed, and many cases have not been treated owing to the travelling difficulties. It is hoped that a solution will be found to resolve this problem.

The Educational Psychologist and specialists have again been very helpful ; their advice and co-operation is much appreciated.”

This branch of the School Health Service not only deals with impediments of speech but also with delayed speech. These defects, if not attended to early in life, become a serious handicap throughout a child's life.

During the year 610 pupils were treated by speech therapists under arrangements made by the Authority.

Miscellaneous Examinations.

Medical examinations other than periodic examinations in schools continue to make demands upon professional time. Details are given below. (Figures in brackets refer to 1955).

(a) Examination under Section 18 of the Children and Young Persons Act, 1933.

These examinations are of children between the ages of 14 and 16 and are required to determine the fitness of children to receive employment licences and badges.

Part-time employment is usually that of newsboy, errand boy or shop assistant.

No. of children examined	936	(779)
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No. of children unfit to be employed	5	(2)
--------------------------------------	-----	-----	-----	-----	---	-----

(b) Examination under Section 22 of the Children and Young Persons Act, 1933.

These are examinations of children desiring to take part in entertainments.

No. of children examined	12	(21)
--------------------------	-----	-----	-----	-----	----	------

(c) Juvenile Courts.

No. of children or young persons examined in accordance with proceedings in Juvenile Courts	39	(53)
---	-----	-----	-----	-----	----	------

(d) Candidates for Royal Air Force (Apprentices or Boy Entrants)	15	(3)
--	-----	-----	-----	-----	-----	----	-----

(e) Candidates for admission to Courses of Training for Teaching and to the Teaching Profession	528	(497)
---	-----	-----	-----	-----	-----	-------

Dr. Susan MacMahon has, as before, given lectures to the students of Neville's Cross Training College and Dr. W. E. Rigby has given lectures to student health visitors.

Other members of the staff have given talks to organisations of teachers, to parent-teacher associations, and to other organisations.

DENTAL SERVICE

The Principal School Dental Officer prepared the following report:
Staff.

Mr. A. A. Ebrahim, L.D.S., who was re-appointed whole-time School Dental Officer in July, 1955 and commenced duty at Consett Clinic on 30th January, 1956 tendered his resignation and terminated duty on 30th June, 1956.

Mr. B. Thompson, B.D.S., was appointed part-time School Dental Officer and commenced duty on 17th September, 1956, at Hebburn Clinic vice Mrs. M. A. Sainsbury, L.D.S., who resigned and terminated duty on 1st June, 1956.

Two additional whole-time officers were appointed in July and December respectively but had not commenced duty before the end of the year.

In February the County Council approved a recommendation that as from the 1st April, 1956, the whole-time school dental officers and the school medical officer acting as dental anaesthetist should allocate part of their time to Maternity and Child Welfare Dental Services. By the end of the year work was being undertaken in accordance with this recommendation by all but one of the whole-time school dental officers.

This contact with mothers and children of pre-school age should prove of great value if only for the opportunity it gives to the school dental officer of promoting the habit of proper care of the teeth early in life.

INSPECTION AND TREATMENT.

In previous reports attention has been drawn to the importance of early treatment of dental disease with the object of preventing the premature loss of teeth and in the 1955 report mention was made of the disappointing response to the offers of treatment made after dental inspection of schools, particularly where the treatment involved the filling of teeth.

It is disquieting to note that during 1956 there was an increase in the number of teeth extracted but a decrease in the number of teeth filled. Unfortunately this tendency must be expected as long as offers of early conservative treatment are ignored and treatment accepted only when pain intervenes. It must again be stressed that the aim of the School Dental Service is to conserve as much of the permanent dentition of school children as possible and not merely to provide relief from pain.

In more optimistic vein it can be said that of the children inspected during the year the percentage of those requiring treatment is slightly less than in the three previous years and there are indications that in some districts a greater number of children are receiving treatment through the National Health Service or privately.

This should be welcomed as a sign that the importance of regular dental care is being more fully realized and parents should be encouraged to secure treatment for their children. Absence from class for this purpose should be granted as freely as for attendance at a clinic. Indeed, according to the following extract from Ministry of Education Administrative Memorandum No. 531 dated the 10th May, 1956, such absence should not be considered as absence from school:—

“ Any pupil (whether at a special school or at an ordinary school) who is out of class for medical or dental inspection or treatment whether arranged through the School Health Service, the National Health Service or privately (other than domiciliary or hospital in-patient treatment) should be marked present.

During the year orthodontic treatment was commenced in 178 new cases and continued for 136 cases brought forward from the previous year. Satisfactory results were obtained at the completion of treatment in 66 cases. Treatment was discontinued in 22 cases.

16 children were supplied with space maintainers and 125 children with dentures.

Returns in connection with orthodontic treatment are now required by the Ministry of Education and appear in Appendix I, Table V (Dental Inspection and Treatment).

I wish to thank the Staff of the Newcastle upon Tyne Dental Hospital again for their continued willingness to help at all times by giving advice and undertaking treatment when necessary.

Provision of School Meals.

School meals are provided in every school and the school meals organisation is responsible for ensuring a varied and nourishing menu.

The meals are prepared in

- (1) Central kitchens, where the meals are prepared and sent out to the schools, or
- (2) Self-contained canteens, where meals are prepared and served on the school premises.

The Food Hygiene Regulations, 1955, which were made in accordance with the Food and Drugs Act, 1955, came into operation on the 1st January, 1956. When school meals premises are inspected by school medical officers particular care is taken to ensure that the standards of food hygiene set out in the Regulations are being maintained.

Close co-operation is maintained between the school health and school meals services, and supervisors of the central kitchens can obtain immediate advice on matters of doubt or difficulty.

The Inspector of School Meals has contributed the following report: —

Building work has almost been completed on the kitchen dining rooms at the following new schools, which will be opened in the near future.

Newton Aycliffe Modern School.
 Consett Grammar School.
 Horden Day Special School.
 Bishop Auckland Woodhouse Close County School.
 Bowburn Modern School.

Building work is to be commenced on kitchen dining rooms at the following new schools: —

Consett Moorside Modern School.
 Billingham North County Junior Mixed School.
 Washington Grammar Technical School.
 Trimdon Village County Infants' School.
 Peterlee Acre Rigg Modern School.
 Barnard Castle Modern School.
 Hartlepool West View Modern School.
 Ushaw Moor Modern School.
 Middleton-in-Teesdale Modern School.
 Willington Modern School.
 Trimdon Modern School.
 Felling Day Special School.
 Felling Leam Lane Lingey House County Junior Mixed School.
 Felling Leam Lane Lingey House County Infants' School.
 Felling Leam Lane Roman Road County Junior Mixed School.
 Felling Leam Lane Roman Road County Infants' School.
 Peterlee Dene House County Junior Mixed School.
 Newton Aycliffe County Junior Mixed School.

The following new schools will be provided with meals from nearby central kitchens: —

Whitburn County Junior Mixed School.
 High Usworth County Junior Mixed School.

Statistics showing position in December, 1956.

Central Kitchens	51
School Canteens :	
Primary and Modern	40
Grammar	14
Nursery	20
School Dining Centres	545
Free Meals	2,736,312
Meals for Payment	10,691,030

The Education Committee is very grateful for the assistance given to the school meals service by the teaching staffs.

PHYSICAL EDUCATION.

The following report is contributed by the organisers of Physical Training:—

Supervision of physical education in the educational establishments of the Education Committee is supervised by a staff of eight organisers, a man and a woman being in control of each of four areas, each area consisting of three or four divisions. The main duties of this staff are to formulate and co-ordinate policy in physical education, to advise head teachers and teachers in charge of the subject, on such aspects as gymnastics, dancing, games, swimming and camping, to conduct courses for full-time and part-time teachers, and to supervise the general provision of facilities and equipment for carrying out this work.

The changing character of the approach to physical education in schools continues to make increasing demands upon the teaching staff to modify their conception of the subject so that the natural mobility of the young child may be preserved, while at the same time muscular strength, with grace, is developed. To this end increasing provision is being made of climbing apparatus, which increases the possibility of realising these aims, while at the same time promoting self-confidence and initiative.

Games.

Games continue to play a large part in the life of the school child. In infant and junior schools, the emphasis is on the development of a love of playing and the basic skill of handling the apparatus appertaining to games. In the pupils of secondary school age the development of the skills required for playing the major summer and winter games is the aim of the work, while improvement in stamina and the development of heart and lungs are incidental results of the playing of games, and the social behaviour necessary to a successful games scheme, receive attention.

Swimming.

The development of instruction in swimming proceeds as far as the limitations imposed by lack of facilities will allow. Swimming instruction is carried out at seven centres in the County, namely, at Billingham, Birtley, Durham, New Lambton, Jarrow, Stanhope and Stockton. Of these centres, two are open air and use is therefore limited to the summer term. To these centres a total of sixty-four schools are able to send numbers of pupils varying from twenty-four upwards, for instruction.

The value of this instruction in a county with a coast line of 30 miles and 250 miles of major rivers, apart from considerable standing water, cannot be over emphasised, apart from the benefits to health and physique which result from the practice of swimming.

The number of County Certificates, Royal Life Saving Society Awards, and amateur swimming association medals awarded to pupils as shown below show considerable increases over previous years.

The following awards were made during the year:—

County Certificates.

Elementary	2,004
Intermediate	1,124
Advanced	813

Royal Life Saving Society Awards.

Elementary Certificate	12
Intermediate Certificate	117
Bronze Medallion	153
Bar to Bronze Medallion	4
Bronze Cross	21
Award of Merit	12
Distinction Award	1
Instructors Certificate	3

Amateur Swimming Association Awards.

Medallist Awards	48
-------------------------	----

In the Cox Memorial Trophy Competition, a Royal Life Saving Society Rescue Method Competition for all schools in Northumberland and Durham, the William Newton Girls' Modern School, Stockton, and Holy Trinity C. of E. Boys' School, also of Stockton were placed 1st and 2nd respectively in the girls' and boys' competitions. In addition the William Henry Memorial Cup for the largest percentage increase in awards of the R.L.S.S. gained during the year was won by the Stockton Schools in competition with associations from the north east of the country.

Athletics.

This branch of physical education continues to develop with a speed which does much to make up the leeway from which the county has suffered. In this respect it is significant that although the English Schools Athletic Association held its first National Championships in 1925, the Durham County Schools Athletic Association was not formed until 1950. As teachers acquire more knowledge, the standard of achievement of our pupils rises and the County Team competes on an equal footing to the longer established associations. At the National Championships held at Plymouth this year, 13 Standard Medals were gained by members of the County Team. For the first time a triangular match, between Scotland, Northumberland and Durham was staged at North Shields. In 1957 this contest will be held at Houghton-le-Spring, where preparations are in hand for the National Championships to be held there in 1958.

Camping.

The four camping units owned by the Education Committee were used by parties from 25 schools in camps at Beadnell, the Lake District, Whitby, Staithes, Barnard Castle, Edmundbyers, and Alston. During this time approximately 1,200 pupils had the opportunity of a week or more under canvas, with the consequent physical benefit from living in the open air, and educational benefits of living in a community, and of the complete change in environment from their normal one.

In conclusion, the improvement in the physique and well-being of the children in our schools is remarkable to any observer and the wider conception and practice of physical education play, with other factors, their part in this happy situation.

General.

I wish to thank the professional and clerical staff of the department for their loyal service throughout the year and for the assistance of the clerical staff in compiling the statistics and tables contained in this report.

Once again I wish to express my appreciation and thanks to the Director of Education and his staff, to the County Medical Officer in his capacity as Principal School Medical Officer and to the Superintendent Health Visitor and her staff for the help and co-operation so readily given throughout the year.

As always, the work of the department has been facilitated by the support and encouragement of the Chairman and members of the Education Committee and to them I have a deep sense of indebtedness.

GEO. HOWARD SHANLEY,

Deputy Principal School Medical Officer.

APPENDIX I.

MINISTRY OF EDUCATION TABLES RELATING TO THE INSPECTION AND TREATMENT OF PUPILS IN THE ADMINISTRATIVE COUNTY AREA EXCLUDING THE EXCEPTED DIVISION OF STOCKTON-ON-TEES.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

A.—Periodic Medical Inspections.

(1) No. of Inspections :—

Entrants ... ..	...	...	...	...	...	...	...	15,143
Second Age Group	...	...	...	...	...	...	...	9,286
Third Age Group	...	...	...	...	...	...	...	5,654
Total								30,083

(2) No. of other Periodic Inspections 15,788

GRAND TOTAL ... 45,871

B.—Other Inspections.

No. of Special Inspections	...	...	...	...	...	...	...	1,367
No. of Re-Inspections	...	...	...	...	...	...	...	3,867
Total								5,234

C.—Pupils found to require treatment.

Age Groups. (1)	For defective vision (excluding squint. (2)	For any of the other conditions recorded in Table III. (3)	Total individual pupils. (4)
Entrants	533	2,316	2,644
Second Age Group ...	978	777	1,617
Third Age Group ...	678	258	920
Other Periodic Inspections	1,557	1,736	3,004
Total ...	3,746	5,087	8,185

*D.—Classification of the Physical Condition of Pupils inspected
in the Age Groups recorded in Table I A.*

Age Groups.	Number of Pupils Inspected.	Satisfactory		Unsatisfactory.	
		No.	% of Col. (2)	No.	% of Col. (2)
(1)	(2)	(2)	(4)	(5)	(6)
Entrants	15,143	14,422	95.2	721	4.8
Second Age Group ...	9,286	8,888	95.7	398	4.3
Third Age Group ...	5,654	5,487	97.0	167	3.0
Other Periodic Inspections	15,788	15,075	95.4	713	4.6
Total	45,871	43,872	95.6	1,999	4.4

TABLE II.

INFESTATION WITH VERMIN.

(i) Total number of examinations in the schools by the school nurses or other authorised persons	82,591
(ii) Total number of individual pupils found to be infested	22,854
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	—
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

TABLE IV.

GROUP 1.—Eye Diseases, Defective Vision and Squint.

	Number of cases known to have been dealt with.	
	by the Authority.	Otherwise.
External and other, excluding errors of refraction and squint	1,141	144
Errors of refraction (including squint)	3,656	6,494
Total	4,797	6,638
Number of pupils for whom spectacles were prescribed	2,564	6,422

GROUP 2.—Diseases and Defects of Ear, Nose and Throat.

	Number of cases known to have been treated.	
	by the Authority.	Otherwise.
Received operative treatment		
(a) for diseases of the ear	—	—
(b) for adenoids and chronic tonsillitis ...	—	1,590
(c) for other nose and throat conditions ...	—	—
Received other forms of treatment	775	—
Total ...	775	1,590
Total number of pupils in schools who are known to have been provided with hearing aids :		
*(a) in 1956	—	25
(b) in previous years	—	62

* A pupil recorded under (a) above should not be recorded at (b) in respect of the supply of a hearing aid in a previous year.

GROUP 3.—Orthopaedic and Postural Defects.

	By the Authority.	Otherwise.
Number of pupils known to have been treated at clinics or out-patient departments	—	241

GROUP 4.—Diseases of the Skin (excluding uncleanness for which see Table II).

	Number of cases treated or under treatment during the year by the Authority.
Ringworm—(i) Scalp	143
(ii) Body	42
Scabies	8
Impetigo	552
Other skin diseases	1,375
Total	2,120

GROUP 5.—Child Guidance Treatment.

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority	87
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GROUP 6.—Speech Therapy.

Number of pupils treated by Speech Therapists under arrangements made by the Authority ...	610
--	-----

GROUP 7.—Other treatment given.

(a) Number of cases of miscellaneous minor ailments treated by the Authority	6,487
(b) Pupils who received convalescent treatment under School Health Service arrangements...	8
(c) Pupils who received B.C.G. vaccination ...	1,490
(d) Other than (a), (b) and (c) above (specify) ... Ultra-violet Ray	458
Total (a) — (d)	8,443

TABLE V.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY
THE AUTHORITY.

(1) Number of pupils inspected by the Dental Officers :—

(a) At Periodic Inspections	31,199
(b) As Specials	1,676
Total (1) ...	32,875

(2) Number found to require treatment	24,596
(3) Number offered treatment	20,430
(4) Number actually treated	8,362
(5) Number of attendances made by pupils for treatment, including those recorded at heading 11(h) below	16,181

(6) Half-days devoted to :—

Periodic (School) Inspection	...	...	...	...	...	325
Treatment	...	...	...	...	...	3,198
Total (6)	...					<u>3,523</u>

(7) Fillings :—

Permanent Teeth	...	...	...	...	...	6,369
Temporary Teeth	...	...	...	...	...	487
Total (7)	...					<u>6,856</u>

(8) Number of teeth filled :—

Permanent Teeth	...	...	...	...	...	5,875
Temporary Teeth	...	...	...	...	...	487
Total (8)	...					<u>6,362</u>

(9) Extractions :—

Permanent Teeth	...	...	...	...	...	3,726
Temporary Teeth	...	...	...	...	...	13,835
Total (9)	...					<u>17,561</u>

(10) Administration of general anaesthetics for extractions ... 2,365

(11) Orthodontics :—

(a) Cases commenced during the year	...	...	...	...	178
(b) Cases carried forward from previous year	...	...	...	...	136
(c) Cases completed during the year	...	...	...	...	66
(d) Cases discontinued during the year	...	...	...	...	22
(e) Pupils treated with appliances	...	...	...	...	195
(f) Removable appliances fitted	...	...	...	...	213
(g) Fixed appliances fitted	...	...	...	...	—
(h) Total attendances	...	...	...	...	<u>1,785</u>

(12) Number of pupils supplied with artificial dentures ... 114

(13) Other Operations

Permanent Teeth	...	...	...	...	...	2,247
Temporary Teeth	...	...	...	...	...	829
Total (13)	...					<u>3,076</u>

APPENDIX II.

REPORT OF THE COUNTY SUPERINTENDENT HEALTH VISITOR
FOR THE YEAR ENDED 31ST DECEMBER, 1956.

- 1. Number of Health Visitors on the staff during 1956 who devoted a part of their time to school work—110.
- 2. No District Nurses were employed in school work.
- 3. 17,265 visits were paid to homes and 1,480 to schools.
- 4. During the Cleanliness surveys carried out in the County Administrative area by Health Visitors and School Nurses 58,821 girls were examined in 620 departments of 471 schools, and it was found that 5,334 were unclean, i.e. showed evidence of nits or vermin (214 verminous). The following table compares these figures with the figures of the previous four years: —

	Percentage Clean.	Percentage Unclean	Percentage Verminous of unclean
1952	86.4	13.6	4.9
1953	87.8	12.2	4.6
1954	89.2	10.8	4.3
1955	90.1	9.9	4.6
1956	90.9	9.1	4.1

- 5. The percentage of clean scholars shows a slight improvement this year.
- 6. In 78 schools all the children were found to be clean.
- 7. The Health Visitors and School Nurses made 14,141 visits to the homes of the children who were found to be unclean. The School Nurses are responsible for the visits in Felling, Hartlepool and Jarrow with the exception of the completing of Forms 2 H.P. which are done by the Health Visitors.

8. The following table shows the number of subsequent examinations of the unclean children:—

Inspection.						No. of children inspected.	No. of children still unclean.
1st	Re-inspection	(unclean children)	...	...		5,199	4,364
2nd	"	"	"	"	...	5,129	3,669
3rd	"	"	"	"	...	4,355	3,032
4th	"	"	"	"	...	3,709	2,632
5th	"	"	"	"	...	3,227	2,253
6th	"	"	"	"	...	2,151	1,570

ANALYSIS OF CASES UNDER HOME SUPERVISION OF HEALTH
VISITORS DURING THE YEAR 1956.

Conditions.					Total No. of Conditions under supervision.	Total No. of visits re conditions.	Total Con- ditions satisfactorily improved.
1. Cleanliness	...	...	...	...	92	534	56
2. Infestation	{	Head	...	...	240	1,033	119
		Body	...	...	—	—	—
3. Teeth	...	...	...	...	1	2	1
4. Skin	...	...	...	...	578	795	521
5. Eyes	a. Vision	...	...	...	11	20	—
	b. Squint	...	...	...	8	13	—
	c. Other	...	...	...	30	50	11
6. Ears	a. Hearing	...	...	...	3	3	2
	b. Otitis Media	{	R	...	6	12	2
			L	...	2	2	—
	c. Other	...	...	...	—	—	—
7. Nose or Throat	...	...	...	...	1,221	1,228	1,210
8. Speech	...	...	...	...	1	6	—
9. Cervical glands	...	...	...	...	—	—	—
10. Heart and circulation	...	...	...	...	1	1	—
11. Lungs	...	...	...	...	15	38	—
12. Development :—							
	a. Hernia	...	...	...	6	6	—
	b. Other	...	...	...	18	30	2
13. Orthopaedic :—							
	a. Posture	...	...	...	—	—	—
	b. Flat foot	...	...	...	21	29	2
	c. Other	...	...	...	27	30	5
14. Nervous system :—							
	a. Epilepsy	...	...	...	4	9	—
	b. Other	...	...	...	7	7	—
15. Psychological :—							
	a. Development	...	...	...	28	36	—
	b. Stability	...	...	...	1	1	—
16. Clothing	...	...	...	...	45	216	44
17. Debility	...	...	...	...	13	25	3
18. Other Tuberculosis Cases	...	...	...	...	6	6	—
19. Rheumatism	...	...	...	...	7	23	—
Totals					2,392	4,155	1,978

Discharged from Hospital—5 visits.
In addition, the Health Visitors spent

84 days at School Clinics.
604 days conducting medical inspections.
191 days escorting children to special
schools.
72 days at Nursery Schools.

APPENDIX III.

PERMANENT SCHOOL CLINICS.

School Clinic.	Services available 31st December, 1956.						Building Used by
	Medical Officer Attends	Minor Ailments	U.V.R. Lamp in use	Dental Officer Attends	School Oculist Attends	Speech Therapist Attends	
Billingham, Cowpen Lane	... Tuesday Friday	Daily	—	Daily	Yes	—	M. & C.W. & S.H.S.
Birtley, Hexham Villa	... Monday Wednesday	Daily	—	Daily	Yes	Yes	do.
Bishop Auckland, Ninefields, Etherley Lane	... Monday Thursday	Daily	—	Daily	Yes	Yes	do.
Blaydon, Shibdon Road	... Tuesday Friday	Daily	—	Daily	Yes	—	do.
Consett, 192 Medomsley Road	... Tuesday Friday	Daily	—	Daily	Yes	—	do.
Crook, Dawson Street	... Wednesday	Daily	Mon. (p.m.) Thurs. (p.m.)	Mon. Tues. Wed. Fri. } H.E.	Yes	Yes	S.H.S.
Durham, Claypath	... Tuesday	Monday Tuesday	Wednesday	Thursday Friday	—	—	S.H.S.
Felling, Heworth	... Mon. (a.m.) Thurs. (p.m.)	Daily	Mon. Tues. Wed. Thurs. (a.m.)	Daily	Yes	—	S.H.S.
Hartlepool, Frederic Street	... Mon. (a.m.) Wed. (a.m.)	Mon. Wed. Fri. } a.m.	—	Monday (all day) Thurs. (a.m.)	Yes	—	M. & C.W. & S.H.S.

Hartlepool, Miers Avenue ...	...	—	—	—	—	—	—	—	Yes	Yes	M. & C.W. & S.H.S.
Hebburn, Argyle Street ...	...	Mon. (p.m.) Thurs. (a.m.)	Daily Wed. and Frid. }	Mon. (a.m.) Thurs. (p.m.)	Mon. Wed. Thu. Fri. }	—	—	—	Yes	Yes	M & C.W. & S.H.S.
Horden, Blackhills Road ...	...	Tuesday Friday	Daily	—	—	Yes	—	—	Yes	—	S.H.S.
Houghton-le-Spring, Lambton House, Gasworks Lane ...	...	Tuesday Friday	Daily	Monday Thursday	Daily	Yes	—	—	—	—	S.H.S.
Jarrow, Walter Street ...	...	Tues. (a.m.) Frid. (a.m.)	Daily (a.m. only) (except Thurs.)	—	Tuesday Thursday	Yes	—	—	Yes	—	M. & C.W. & S.H.S.
Murton, Woods Terrace ...	...	Thursday	Monday Thursday	—	—	—	—	—	Yes	—	do.
Newton Aycliffe, Sugar Hill County Infants' School ...	...	Tuesday Friday	Tuesday Wednesday Friday	—	—	—	—	—	Yes	—	S.H.S.
Seaham Harbour, 1 Princess Road	Tuesday	Tuesday	Daily	Monday Thursday	Daily	—	—	—	—	—	S.H.S.
Shildon, Hallgarth House, Main Street ...	...	Tuesday Friday	Daily	—	—	Yes	—	—	Yes	Yes	do.
Spennymoor, Cheapside ...	...	Thursday	Monday Thursday	—	—	Yes	—	—	—	Yes	M. & C.W. & S.H.S.
Stanley, High Street ...	...	Monday Thursday	Daily	Tues. Frid. }	Daily (vacancy)	Yes	Yes	Yes	Yes	Yes	S.H.S.

TEMPORARY SCHOOL CLINICS.

School Clinic	Services available 31st December, 1956.						Building Used by
	Medical Officer Attends	Minor Ailments	U.V.R. Lamp in use	Dental Officer Attends	School Oculist Attends	Speech Therapist Attends	
Barnard Castle. Methodist Schoolroom	Alternate Wed. (a.m.)	Alternate Wed. (a.m.)	—	—	—	—	M. & C.W. & S.H.S.
Butterknowle County Mixed School	—	Tues. (a.m.)	—	—	—	—	S.H.S.
Evenwood C.E. Mixed School ...	—	Tues. (p.m.)	—	—	—	—	do.
Hurworth County Mixed School	—	Fri. (a.m.)	—	—	—	—	do.
Witton Park County Mixed School	—	Tues. (a.m.) Fri. (a.m.)	—	—	—	—	do.

CHILD GUIDANCE CENTRES.

Child Guidance Centre.	Services available 31st December, 1956.						Building Used by
	Medical Officer Attends	Minor Ailments	U.V.R. Lamp in use	Dental Officer Attends	School Oculist Attends	Speech Therapist Attends	
Durham, 3 Ravensworth Terrace	—	—	—	—	Yes	Yes	S.H.S.
Houghton, Lambton House, Gas Works Lane ...	—	—	—	—	—	Yes	S.H.S.
Seaham, East View ...	—	—	—	—	Yes	Yes	S.H.S.
Washington, Station Road ...	—	—	—	—	—	Yes	S.H.S.

SPEECH CLINICS.

Horden, Third Street ...	—	—	—	—	—	Yes	—	S.H.S.
Thornley, Knayton House ...	—	—	—	—	—	Yes	—	M. & C.W. and S.H.S.
Wingate, Front Street ...	—	—	—	—	—	Yes	—	do.

DENTAL CLINICS.

Horden, Third Street ...	—	—	—	Tuesday	—	—	—	S.H.S.
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APPENDIX IV.
ANALYSIS OF CASES EXAMINED AT THE SCHOOL CLINICS
DURING THE YEAR 1956.

Defect or Disease.							No. of Cases.	No. of Examinations.
1	Cleanliness	...	...	...	...	...	19	34
2	Infestation	{ Head	...	...	...	...	111	272
		{ Body	...	...	...	...	13	42
3	Teeth	...	...	...	...	...	218	284
4	Skin	...	...	...	...	...	1791	3661
5	Eyes — a	Vision	...	...	...	...	399	477
	b	Squint	...	...	...	...	45	51
	c	Other	...	...	...	...	643	1062
6	Ears — a	Hearing	...	...	...	...	82	129
	b	Otitis Media	{ R	...	...	...	90	232
			{ L	...	...	...	62	174
	c	Other	...	...	...	...	275	392
7	Nose or Throat	...	...	...	...	...	804	1356
8	Speech	...	...	...	...	...	88	110
9	Cervical Glands...	...	...	...	...	...	99	156
10	Heart and Circulation	...	...	...	...	...	248	546
11	Lungs	...	...	...	...	...	708	1818
12	Development — a	Hernia	...	...	...	...	7	12
	b	Other	...	...	...	...	20	23
13	Orthopaedic — a	Posture	...	...	...	...	6	7
	b	Flat Foot	...	...	...	...	62	88
	c	Other	...	...	...	...	163	249
14	Nervous System — a	Epilepsy	...	...	...	...	12	25
	b	Other	...	...	...	...	373	530
15	Psychological — a	Development	...	...	...	...	37	58
	b	Stability	...	...	...	...	72	202
16	Other Defects	...	...	...	...	...	3554	6668
17	No Appreciable Defect or Disease	...	...	...	...	...	1354	2233
Totals							11355	20891

NUMBER OF CASES TREATED AT THE SCHOOL CLINICS
DURING THE YEAR 1956.

Defect or Disease	No. of Cases.	No. of Attendances.
Ringworm—Scalp	143	1,379
Ringworm—Body	42	271
Scabies	8	19
Impetigo	552	2,409
Other skin diseases	1,375	6,141
Minor Eye Defects (external and other but excluding errors of refraction and squint)	1,141	3,195
Refractions	3,656	3,656
Minor Ear Defects	410	1,656
Miscellaneous	6,487	24,024
Nose and Throat Conditions	365	741
Ultra Violet Ray	458	6,229
	14,637	49,720

APPENDIX V.

SUMMARY OF COMMUNICABLE DISEASES

1956	Diphtheria.	Diphtheria Contacts.	Scarlet Fever.	Scarlet Fever Contacts.	Measles.	German Measles	Mumps.	Whooping Cough.	Chicken Pox.	Typhoid.	Paratyphoid	Jaundice.	Poliomylitis.	Impetigo.	Dysentery.	Diarrhoea.	Tuberculosis.	Meningitis.	Pink Eye.	Scabies.	Rash.	Shingles.	Septic Spots.	Influenza.	TOTAL.
Jan.	—	—	8	—	3	—	83	25	138	—	—	5	1	—	—	—	—	—	—	—	—	1	—	—	264
Feb.	—	—	22	—	51	7	22	17	186	—	—	4	—	—	—	—	—	—	—	—	—	—	1	—	365
Mar.	—	—	19	1	144	1	90	40	288	—	—	2	—	—	27	—	—	1	—	—	—	—	1	—	652
April	—	—	16	—	99	110	90	31	257	—	—	4	—	—	13	—	—	—	—	—	—	—	—	—	661
May	—	—	10	3	154	199	68	45	110	—	—	—	—	—	7	—	—	—	—	1	3	—	—	—	632
June	—	—	4	—	149	88	53	16	138	—	—	—	—	—	5	—	3	—	—	1	3	1	—	—	473
July	—	—	21	1	262	373	305	92	306	—	—	1	—	—	2	—	9	—	—	1	1	—	—	—	1418
Aug.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Sept.	—	—	25	1	72	188	103	79	210	—	—	—	—	—	9	—	4	2	—	—	—	1	—	—	713
Oct.	—	—	26	4	13	12	41	73	39	1	1	—	—	—	6	—	1	1	—	—	—	1	—	—	269
Nov.	—	—	74	3	27	18	201	132	155	1	—	2	—	—	2	—	1	—	—	—	1	—	1	—	735
Dec.	—	—	66	4	49	14	241	136	116	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	677
	—	—	291	17	1023	1010	1297	686	1943	2	1	18	1	449	71	19	3	1	3	14	6	1	3	—	6859

Exclusions by School Medical Officers.

January	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	48
February	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	75
March	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	86
April	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	62
May	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	31
June	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	60
July	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	40
August - September	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	20
October	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	49
November	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	66
December	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	89
	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	626

APPENDIX VI.

STOCKTON-ON-TEES COMMITTEE FOR EDUCATION.

REPORT ON THE WORK OF THE
SCHOOL HEALTH SERVICE.

1956.

Details associated with Education in the Borough.

Number of Schools	29
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These include 20 Primary Schools, five Secondary Modern Schools, one Secondary Technical School, two Grammar Schools and one Special Open Air School for Delicate Children.

Number of children on roll at end of the year	14,050
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The Staff of the School Health Service.

Borough School Medical Officer—Henry J. Peters, M.B., B.S., B.Hy., D.P.H., D.P.A.

School Medical Officers :—

Mary B. Vincent, M.B., B.Ch.

Maureen O'Gorman, L.R.C.P., L.R.C.S.I.

School Dental Officer—Frank R. Cadigan, L.D.S.

School Dental Officer (Part-time)—Mrs. E. M. F. Rideal, L.D.S.

Consultant Ophthalmic Surgeon (Part-time)—A. E. P. Parker, M.B., B.S., F.R.C.S.

Consultant Nose, Throat and Ear Surgeon (Part-time)—J. H. Appleton, M.B., Ch.B., D.L.O.

Speech Therapists :—

Miss Muriel Knight.

Miss Anne I. Spencer. Appointed 16.1.56.

Orthoptist (Part-time)—Mrs. W. Martin.

Educational Psychologist—Miss M. F. Wylie, M.A., Ed.B.

Psychiatrist (Part-time)—J. R. Hawkings, M.D., D.P.M. Appointed 9.4.56.

School Nurses :—

Mrs. E. Minto, S.R.N., S.C.M.

Mrs. E. Whitehead, S.R.N., S.C.M.

Mrs. L. M. Stawski, S.R.N.

Mrs. K. Cahill, S.R.N., S.C.M.

Mrs. D. B. Morris, S.R.N.

Mrs. N. Hughes (née Cattermole), S.R.N., S.C.M.

Female assistant for Open Air School (non-nursing)—Mrs. D. H. Brison.

School Dental Attendants :—

Miss D. Whinfield.

Mrs. J. Ball (née Coffield).

Clerical Staff :—

Miss J. Hall.

Mrs. J. Bulmer (née Fielding).

Mrs. E. Williamson.

Mrs. I. Stewart.

Medical Inspection.

The number of children inspected in the prescribed age groups was 2,787. In addition, 1,419 children of various ages not within the prescribed groups were inspected.

All new entrants were examined, all eleven year old children who had not been examined before admission to a secondary department, and all boys and girls completing their last year at school.

In addition, the eight year old group of children, numbering 1,263 were examined. These are included in the total of children not within the prescribed age groups.

4,301 children, referred by parents, teachers, school nurses or educational welfare officers were examined as "Specials."

3,642 re-inspections of children suffering from one or more defects were carried out during the year.

Pupils found to require treatment.

The number of individual pupils found at Periodic Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin) is given below.

Group.	For Defective Vision (excluding squint).	For any other conditions.	Total individual pupils.
Entrants	20	89	105
Second Age Group ...	22	15	36
Third Age Group	60	42	101
Total (prescribed groups)	102	146	242
Additional Periodic Inspections	46	74	119
Grand Total	148	220	361

The following Table shows the number of defects noted at periodic and special medical inspections as requiring treatment or as needing to be kept under observation.

Defect or Disease	Periodic Inspections.		Special Inspections.	
	No. of defects.		No. of defects.	
	Requiring treatment	Requiring to be kept under observation.	Requiring treatment.	Requiring to be kept under observation.
Skin	41	47	74	6
Eyes—				
a. Vision	148	501	536	725
b. Squint	17	32	89	35
c. Other	9	10	17	—
Ears—				
a. Hearing	1	34	7	22
b. Otitis Media	13	25	23	6
c. Other	4	5	16	3
Nose or throat	45	122	80	80
Speech	14	18	8	7
Lymphatic Glands	2	117	1	36
Heart	1	44	1	63
Lungs	4	86	13	13
Developmental—				
a. Hernia	2	19	—	7
b. Other	4	19	6	7
Orthopaedic—				
a. Posture	6	35	9	3
b. Feet	10	32	8	23
c. Other	4	90	9	46
Nervous System—				
a. Epilepsy	2	8	6	3
b. Other	2	10	2	3
Psychological—				
a. Development	1	1	—	4
b. Stability	4	101	6	29
Abdomen	5	4	3	—
Other defect or disease	37	20	170	148

Physical Condition.

The categories into which the pupils are classified have been altered from A (Good), B (Fair) and C (Poor), to Satisfactory and Unsatisfactory. In accordance with this new arrangement the physical condition of the pupils inspected in 1956 was classified as follows:—

Age Groups	Number of Pupils Inspected	Satisfactory		Unsatisfactory	
		No.	% of col. 2	No.	% of col. 2
Entrants 1 	2 1,276	3 1,269	4 99.45	5 7	6 0.54
Second Age Group ...	385	383	99.48	2	0.51
Third Age Group ...	1,126	1,121	99.55	5	0.44
Additional Periodic Inspections 	1,419	1,414	99.64	5	0.35
Total 	4,206	4,187	99.54	19	0.45

ARRANGEMENTS FOR TREATMENT.

Minor Ailments.

Treatment of minor ailments is carried out by the School Nurses at the various School Clinics, as set out below, the children attending the School Clinic in or nearest to their own school.

<i>Address of Clinic.</i>	<i>School Nurse in attendance.</i>
106, Yarm Lane 	Monday, Wednesday, Friday and Saturday mornings.
78, Norton Road 	Tuesday mornings and Thursday afternoons.
Frederick Nattrass School ...	Monday and Friday mornings.
Portrack Primary School 	Monday and Friday mornings.
Newham Grange School ...	Tuesday and Friday afternoons.
Tilery Road School 	Tuesday mornings and Thursday afternoons.
Ragworth Primary School ...	Tuesday and Thursday afternoons.
Ragworth Open Air School ...	Daily.

The total number of attendances at the minor ailment clinics during the year was 13,749.

The following Table shows the number of defects treated during the year.

<i>Defect.</i>						<i>Number of cases treated or under treatment during the year by the Authority.</i>
SKIN—						
Ringworm	(i) Scalp	...	...	...	...	20
	(ii) Body	...	...	...	...	29
Scabies	...	...	...	...	...	17
Impetigo	...	...	...	...	...	119
Other skin diseases	...	...	...	...	...	14
EYE DISEASES—						
External and other, but excluding errors of refraction and squint	...	...	...	...	...	233
EAR DEFECTS	...	...	...	...	...	109
MISCELLANEOUS—						
(e.g. minor injuries, bruises, sores, chilblains, etc.)	...	...	...	...	...	5,409

Visual Defects and External Eye Disease.

The Consultant Ophthalmic Surgeon attended the School Clinic, 78 Norton Road, twice weekly during 1956. 807 children attended for refraction, glasses being prescribed for 522 of those examined. Head Teachers are given the names of those children for whom glasses have been prescribed.

Operative treatment for correction of squint was recommended in nine cases.

During the year the School Nurses visited the schools and gave vision tests to all children not medically examined within the past year and not due for examination in the near future. Those who appeared to have defective vision were offered the facilities of the Ophthalmic Clinic, along with those referred from routine medical inspection. In this way all children, of whatever age, were kept under observation, and a number of early myopia cases were brought to light and given immediate attention.

Four partially sighted children are in Residential Special Schools, one of these having been admitted this year.

Orthoptic Clinic.

Sessions were held twice weekly during 1956, at 78 Norton Road. Mrs. Martin, Orthoptist, reports as follows:—

Total number of children who attended	...	...	...	...	116
Number of new cases registered	...	...	...	...	33
Number of attendances	...	...	...	...	470
Number of Sessions	...	...	...	...	92
Average number per session	...	...	...	...	5.1

Discharges.

Satisfactory result	...	...	...	...	...	...	11
Improved or good cosmetic result	...	...	...	...	...	...	9
No improvement	...	...	...	...	...	...	5
Failed to attend	...	...	...	...	...	...	10

*Nose and Throat Defects.**Ear Disease and Defective Hearing.*

Eleven sessions were held during the year at the ear, nose and throat Clinic, 78 Norton Road, in the course of which 134 children who had been referred because of ear diseases, defective hearing, enlarged tonsils and adenoids and/or other naso-pharyngeal defects were examined by the Consultant Aural Surgeon.

67 children were recommended for operative treatment.

One child, who was found to be partially deaf, was recommended for a hearing aid, one deaf child and two partially deaf children were certified as requiring education in a special school.

Hearing Aids.

There are now 22 school children wearing hearing aids. The School Nurses each have a list of the children in their own group of schools known to have hearing aids, and in their routine visits to the schools keep the children under observation, thus trying to ensure that the hearing aids are used and in good condition.

Gramophone Audiometer.

All junior departments were visited during the year by one of the School Nurses, and group audiometer tests carried out. 1,457 children were tested, the majority being in the 9 year old group. 341 were referred for re-test and 75, whose results were still unsatisfactory, were given appointments for examination by the School Medical Officer.

Of 60 children examined by the School Medical Officer, 42 had good hearing, five with slight deafness were kept under observation, three with some deafness were recommended to sit at the front of the class, seven were recommended for treatment of discharging ears or of wax, and three were recommended for examination by Mr. Appleton, Consultant Aural Surgeon. Two of those referred to Mr. Appleton were recommended for hospital treatment for nasal catarrh, and one was kept under observation.

The School Nurses keep under observation children who are partially deaf and who have been recommended to sit in front of the class, to see that they are doing so.

Deaf Children—Special Schools.

Seven deaf and four partially deaf children attend Middlesbrough School for the Deaf, and two children, whose parents came to live in the town last year, are continuing at a Residential School for the Deaf.

One deaf and two partially deaf children are awaiting admission to the Middlesbrough School. One of these children has been on the waiting list more than a year.

ORTHOPAEDIC AND POSTURAL DEFECTS.

Children needing treatment are referred, through their own doctor, to the Orthopaedic Department, at one of the local hospitals. Six children were treated at Thornaby School Clinic, where an out-patient clinic is held for children discharged from the Adela Shaw Orthopaedic Hospital.

Two physically handicapped children are at a Residential Special School, two are awaiting admission to such a school and nine are attending Ragworth Open Air School.

HOME TUITION.

At the end of the year, two physically handicapped children and three delicate children were receiving home tuition.

EPILEPSY.

One child, whose parents have come to live in the town, is at a Residential School for Epileptic Children, and one Stockton child was assessed and admitted to a Residential School during the year.

EXTRACTS FROM THE ANNUAL REPORT ON THE WORK OF THE CHILD GUIDANCE CLINIC.

Intelligence Testing.

It is often difficult to convince parents that though mentally handicapped (I.Q. 50-70) children will improve socially, and develop simple skills, even the most intelligent will rarely attain the mental age of ten

years. Indeed, the average mental age of those attending the Occupation Centre is about six years, and they will remain at such a mental age even if they live to be old.

The child with exceptionally high intelligence presents a different problem to parents and teachers. A girl was brought by her parents for diagnosis. She was found to have a chronological age of ten years and a mental age of eighteen years (I.Q. 170). Such a high score is very rare. Last year a boy, a fine mathematician, was found to have an I.Q. of 160. Their intellectual capacity is incredible to those who have no experience of such children.

There is now more application of Group Tests in schools. These are not so accurate as Individual Tests, but they help Head Teachers to grade children at various age groups and are a valuable addition to tests of attainment.

Clinic Cases.

There have been fewer disgruntled adolescents attending the Clinic this year, but there have been more delinquent children. They have been in trouble for petty thieving, truancy, etc. and they attend Play Therapy, Remedial Teaching or Occupational Therapy. All have adjusted well save one. Therapy with such children takes the form of positive suggestion. We help them to gain self respect.

Clinic cases have included children suffering from emotional immaturity. Others have had habit spasms and tics, enuresis, and neurotic illnesses of various kinds. Two children refused to speak in school. Seven children were maladjusted owing to pampering and spoiling in the home. The mother who devotes her entire life to her child is a menace from the point of view of mental health. One such child has been made neurotic, and clings tenaciously to his symptoms, describing them like a middle-aged hypochondriac.

Eleven-plus anxiety.

Standards in different schools vary, hence the scholarship examination. The purpose of this examination has been bedevilled by parents, and unfortunately by some teachers, till it hangs like a threatening cloud over the whole primary school. Some mothers are filled with anxiety as the child leaves the infant department, lest he be not placed in the 'A' class, in which case his chances of passing the scholarship are diminished. An ex-

treme emotional tension is created in many children, which in some cases may be observed as early as two years before the examination. Other children who could never tackle grammar school work are filled with a sense of guilt because of failure. Others who passed show delayed shock and neurotic illness and unhappiness in the first few months in the new school. Some dull and backward children with no grammar school aspirations and little idea of what a scholarship is, dread it as they would the approach of some bogey-man.

MENTALLY HANDICAPPED (I.Q. 57-70).

TABLE I.

New Cases Tested.

I.Q.	(—30)	(30 — 39)	(40 — 49)	(50 — 59)	(60 — 69)	Total.
Boys	—	2	1	3	20	26
Girls.	—	1	1	3	17	22
					Total	48

Age Range :—

Years	(3—7)		(8—11)		(12—14)		(15+)		Total.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
	9	5	15	10	1	7	1	—	26	22
	Total									48

Re-Tests.

I.Q.	(—30)	(30 — 39)	(40 — 49)	(50 — 59)	(60 — 69)	Total.
Boys.	—	—	2	8	13	23
Girls.	—	—	1	2	8	11
					Total	34

Age Range :—

Years.	(3—7)		(8—11)		(12—14)		(15+)		Total.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
	2	—	11	5	10	6	—	—	23	11
	Total									34

Complete total of Mentally Handicapped 80

DULL AND BACKWARD (I.Q. 70-85).

Most head teachers try to arrange classes for backward children, and all would do so if accommodation permitted, and staffing were adequate. Sometimes a backward class has to be abandoned because of school conditions.

EDUCATIONALLY RETARDED CHILDREN (I.Q. 85+).

Some older people are being instructed at the Clinic. A boy of eighteen, and another of fifteen, come every week from their work for reading and spelling. One child is tone deaf, and after attending for a

year he has failed to learn all the phonic sounds. Two girls who cannot read are making progress, and some boys who find arithmetic difficult are working at the fundamentals. Lack of motivation is our greatest problem. Inertia, lack of preparation of home work, and what appears to be indolence, is a challenge to our patience. Three boys, with I.Q.s over 120, have progressed slowly in spite of all attempts to help them.

PSYCHIATRIST'S REPORT.

The Clinic was without the services of a Psychiatrist until 23rd April, 1956. Since this time the Psychiatrist has seen 43 new cases, and referrals are increasing from the various sources indicated in the accompanying Table.

Inevitably, since the Psychiatrist can give only one weekly session to this work, the time available for him to carry out prolonged therapy is extremely limited, but, nevertheless, the various facilities provided by the Clinic through its Play Group, etc. afford valuable channels of treatment for the considerable load undertaken. Much of this work falls upon the Educational Psychologist, and additionally Mrs. Lyth undertakes responsibilities much greater than might be reasonably asked of clerical staff. One of the greatest weaknesses continues to be a lack of a Social Worker, but at present this deficiency is to some extent overcome by the combined efforts of Miss Wylie and Mrs. Lyth, who have done a great deal of social work in addition to their other duties.

We should once again like to record our gratitude for the support and help of the Principal Borough School Medical Officer's Department, and also for the co-operation of the schools themselves, upon which many of our results must depend. It is also gratifying to refer to the continued good relations with local Medical Practitioners and Specialists, and with the Courts and Probation Officers.

Finally, the fact that the services of the Clinic are increasingly sought by agencies outside the area does, we feel, indicate the value of the facilities provided. An analysis of the work carried out is shown in the following Table.

SUMMARY OF CASES SEEN BY PSYCHIATRIST.

Number of children interviewed	...	...	...	...	...	...	43
Number of children who have received psychotherapeutic treatment	...						12

Sources of Referral.

Principal Borough School Medical Officer	...	...	...	...	...	6
School Medical Officers	...	...	...	...	...	4
Consultant Paediatricians	...	...	...	...	...	2
Medical Practitioners	...	...	...	...	...	7
Schools	...	...	...	...	...	19
Parents	...	...	...	...	...	2
Probation Officers	...	...	...	...	...	2
Children's Officer	...	...	...	...	...	1

Children who have been interviewed.

Backwardness	...	...	...	...	...	5
Aggression and anti-social behaviour	...	...	...	...	...	10
Enuresis	...	...	...	...	...	7
Faecal incontinence	...	...	...	...	...	1
Fainting attacks	...	...	...	...	...	1
Epilepsy	...	...	...	...	...	5
Cyclic vomiting	...	...	...	...	...	1
Nervous tics	...	...	...	...	...	1
Schizophrenia	...	...	...	...	...	1
Deafness	...	...	...	...	...	1
Speech problem	...	...	...	...	...	2
Emotional immaturity	...	...	...	...	...	2
Nightmares and obsessional behaviour	...	...	...	...	...	1
Over-activity	...	...	...	...	...	1
Disturbance of motivation	...	...	...	...	...	4
Total	...	...	...	...	...	43

Children returned for Psychotherapeutic Treatment.

Enuresis	...	...	...	...	...	4
Epilepsy	...	...	...	...	...	5
Speech	...	...	...	...	...	1
Anti-social behaviour	...	...	...	...	...	2
Total	...	...	...	...	...	12

SUMMARY OF CASES DEALT WITH BY EDUCATIONAL PSYCHOLOGISTS.

Sources of Referral.

Medical Officer of Health	...	...	...	...	...	76
School Medical Officers	...	...	...	...	...	36
Medical Practitioners	...	...	...	...	...	7
Schools	...	...	...	...	...	134
Parents	...	...	...	...	...	14
Probation Officers	...	...	...	...	...	4
Children's Officer	...	...	...	...	...	2
Total	...	...	...	...	...	273

Psychological Record.

(1) Educational Retardation

General backwardness ...	...	...	...	...	...	77
Backwardness in Reading	...	...	...	...	...	6
Backwardness in Arithmetic	...	...	...	...	...	5
Backwardness in Spelling	...	...	...	...	...	1

(2) Personality Maladjustment

General Instability	...	...	...	...	...	10
Anxiety or Obsessional States	...	...	...	...	...	3
Night Terrors, Nightmares, Sleep-walking	...	...	...	...	...	1
Emotional retardation and regression...	...	...	...	...	...	11
Psychopathic personality	...	...	...	...	...	2

(3) Habit Disorders

Enuresis and soiling	...	...	...	...	...	5
Speech defect	...	...	...	...	...	6
Nervous tics	...	...	...	...	...	1

(4) Anti-social Tendencies

Unmanageable Behaviour	...	...	...	...	...	6
Aggression, Temper-tantrums	...	...	...	...	...	3
Sadistic Tendencies	...	...	...	...	...	—
Truancy and Wandering	...	...	...	...	...	2
Theft	...	...	...	...	...	7
Lying	...	...	...	...	...	2
Malicious Mischief	...	...	...	...	...	—
Sexual Offences	...	...	...	...	...	—

(5) Social Difficulties

Strong Physical Factors	...	...	...	...	...	24
Strong Home Factors	...	...	...	...	...	32
Hereditary Factors	...	...	...	...	...	1
Non Co-operation	...	...	...	...	...	4

(6) Special Interviews

I.Q. and advice	98
-----------------	-----	-----	-----	-----	-----	----

Range of Intelligence.

Intelligence Quotient.

					Boys.	Girls.	Total.
130+	Very superior intelligence	...	...		4	3	7
116 —129	Superior intelligence	...	...		12	3	15
86 —115	Average intelligence	...	...		61	21	82
70 — 85	Dull and backward	...	...		41	40	81
69 and under	Mentally handicapped	...	...		49	33	82
	Unable to be tested	...	...		2	4	6
	Total	...			169	104	273

Age Range.

Years	(3—7)		(8—11)		(12—14)		(15+)		Total	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
	45	25	92	56	29	22	3	1	169	104
Total	70		148		51		4		273	

Reports.

Schools	...	...	...	...	...	...	...	...	265
Medical Officer of Health	...	...	...	...	...	...	...	...	75
School Medical Officers	...	...	...	...	...	...	...	...	34
Medical Practitioners	...	...	...	...	...	...	...	...	7
Probation Officers	...	...	...	...	...	...	...	...	4
Children's Officer	...	...	...	...	...	...	...	...	2
Children's Homes	...	...	...	...	...	...	...	...	9

Interviews.

Parents	...	...	...	...	...	...	...	...	330
Probation Officers	...	...	...	...	...	...	...	...	4
Children's Officer	...	...	...	...	...	...	...	...	2
Visitors to Clinic	...	...	...	...	...	...	...	...	50

Visits to

Schools	136
Homes	23

Examinations

Intelligence Tests (individual)	273
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Treatment.

Psychological Treatment	16
Psychotherapeutic Treatment	12

Educational Treatment.

Reading	...	...	...	...	...	15	Returned...	7
Arithmetic	...	...	...	...	...	13	Returned...	10
English and spelling	...	...	...	...	...	3	Returned...	1

COMPLETION OF STATUTORY FORMS.

Statutory forms were completed by the School Medical Officer for some of the children tested by the Educational Psychologist. The findings and/or recommendations were as set out below:—

Incapable of receiving education at school	...	...	...	...	4
" " " " " " (inexpedient)	...	...	...	...	—
Requiring special school for educationally subnormal pupils	...	...	...	...	36
Educationally subnormal—requiring supervision after leaving school...	...	...	...	...	4
" " requiring special class in ordinary school	...	...	...	...	—
Decision deferred—re-testing recommended	...	...	...	...	8
To remain at ordinary school	...	...	...	...	2
No recommendation made—leaving school and not requiring supervision	...	...	...	...	7

At the end of the year there were 60 children awaiting admission to special schools for educationally subnormal children, 48 of these having been recommended for day school and 12 for residential school.

EXTRACTS FROM THE ANNUAL REPORT OF THE
SPEECH THERAPIST.

Although the treatment of speech defects by Local Education Authorities is a comparatively recent development, the record of such disabilities shows that they have existed from time immemorial.

In the first century A.D. the following remedy for disorders of speech was proposed by Celsus, "When the tongue is paralysed, either from a vice of the organ or as a consequence of another disease, and when the patient cannot articulate, gargles should be administered of a decoction of thyme, hysop, pennyroyal; he should drink water, and head, neck, mouth and the part below the chin be well rubbed. The tongue should be rubbed with laserwort and he should chew pungent substances such as mustard, garlic and onions and make every effort to articulate. He must exercise himself to retain his breath, wash the head with cold water, eat horse radish and then vomit." However drastic this remedy may seem to us to-day, it was followed, through the centuries, by other treatment just as drastic.

The enormity of the problem of stammering alone is brought home to us in a recent statement made by Wendell Johnson, of the University of Iowa, who states that one of the largest groups of handicapped people in the world to-day is made up of the estimated 15 million people who stammer, and further, he states that not until the present century had this baffling problem shown any signs of lifting. It is therefore greatly to the credit of the Stockton-on-Tees Authority that they have wrestled steadily with it since 1929.

Until May, 1951, the Speech Clinic had no independent premises; up to World War II the children met in a spare classroom in the Mill Lane Schools, the war broke down this arrangement and, to facilitate transport, clinics were opened in the staff or Head Teachers' rooms in schools, in church halls and, where convenient, school clinics were also used. The work had, in fact, spread all over the town.

This arrangement left much to be desired, because in these conditions it was almost impossible to give treatment by relaxation to stammering children or to arrange satisfactory interviews with their parents; it proved, however, to be an infinitely better arrangement for the children with minor defects of articulation, where treatment is of comparatively short duration.

Where such work is carried on inside a school the loss of lesson time to each individual child need never be more than half an hour, and in this way the work becomes an integral part of a child's school life. Thus the peripatetic years became an open sesame to the schools, conducive to a working understanding between teachers and therapists and greatly benefiting the children concerned. Nevertheless, it was a great boon when in 1951 permanent and very excellent premises were found for the Speech Clinic in Nelson Terrace.

There are now 437 children on the register and all three members of staff still work with them directly within the schools as well as in the Speech Clinic. The peripatetic work had indicated clearly that nothing but loss to the children could result if the intimate contact with schools were broken. The teachers help us to discriminate between those children who can be helped as part of their school curriculum and those who need more specialised attention. Also by this personal contact with their school life and social activities we learn when the children are adjusting socially to their handicap, and we also get first hand information concerning those children whose speech problems are further involved by a poor language ability, many of whom become much less frustrated in class by being helped by us with their reading, writing and spelling difficulties. Indeed, many faults of speech disappear when time is taken to co-ordinate reading with articulation and in these cases reading is a facet of speech therapy. We are also experimenting in schools this year by giving speech lessons in several reception classes in infant departments, hoping in this way to reduce the number of children for whom special help is sought, and we are all grateful for the help and active co-operation we find amongst staffs in the schools.

All the work with stammerers and children with the more serious defects of articulation calling for continuous parental supervision, as well as pre-school children sent to us by hospitals and the maternity and child welfare service, and all interviews with parents, are undertaken at the central clinic.

The latest bulletin of the College of Speech Therapists draws attention to the fact that many Northern Authorities are so discouraged by the complete lack of response to their advertisements for speech therapists that they see no other course open to them than to let the matter slide for a few years. This leaves the work open for experiments in schools, where,

as experience has taught us, a sympathetic and understanding teacher can do much. Classes could be formed for stammering children similar to the one in Leicester. It seems certain that the few speech therapists working in the North East of England would be interested in such a scheme and ready to co-operate with guidance and such help as they can spare time to give. In this way the best use could be made of the time of the available speech therapists.

It must be remembered that the cause of stammering is still unknown, and therefore all approaches towards its cure must be of a somewhat empirical character; nevertheless, sympathetic understanding, help and encouragement can never be wrong for any child, and such an approach is urgently needed for stammering children, who are so often frustrated at school and still all too frequently misunderstood at home, especially as no other help appears to be available to them as yet. In such a class, where numbers are small, a child handicapped with poor speech could be given time to assemble his thoughts and to express himself orally without the frustration that follows on an exhibition of stammering in a class of normal children. This in itself would be remedial treatment.

					<i>Stammer.</i>	<i>Defective Articulation</i>	<i>Hard of Hearing.</i>
Total number on register 1/1/56	...	...	...	...	99	241	5
Admissions	...	...	...	...	36	207	3
					<hr/>	<hr/>	<hr/>
					135	448	8
Discharges	...	...	...	...	43	108	3
					<hr/>	<hr/>	<hr/>
Number on register 31/12/56	...	...	...	...	92	340	5
					<hr/>	<hr/>	<hr/>
Attendance % during the year has been					91%	82%	88%

An analysis of the numbers shows that of the 43 cases of stammering that have been discharged, 35 have left having attained normal speech. The remaining 8 were discharged as follows:—one left the area; one out-of-area case was transferred to an evening class in his own town; one Stockton boy attended Stockton Evening Class for a full term on leaving school and was then discharged with speech normal; two out-of-area cases reached school leaving age and although still showing traces of stammering their speech was considered sufficiently normal to dispense with further treatment; one other out-of-area case, having made some improvement to his speech, was discharged at his mother's request; two other boys have reached school leaving age and it is hoped that they will continue with treatment at the evening classes.

Of the 108 cases of defective articulation discharged, 97 have attained normal speech. Of the remaining eleven, 5 have left the area; 5 children with a very low I.Q. have made what is considered by their teachers and ourselves to be the maximum possible improvement; one boy was discharged as unsuitable for further treatment.

Of the 3 hard-of-hearing cases entered as discharged, two are lip-reading well enough to enable them to cope normally with lessons and one has been transferred to the School for the Deaf, at Middlesbrough.

DENTAL INSPECTION AND TREATMENT.

There is a full-time Dental Officer at one Dental Clinic and a part-time one (five sessions per week) at the other. The permitted establishment is two full-time dental officers.

The Table shown below gives details of dental inspection and treatment during 1956.

Number of pupils inspected—	(a) At Periodic Inspections	...	...	...	...	11,941
	(b) As Specials	...	...	...	...	566
Total						12,507
Number found to require treatment						5,907
Number offered treatment						5,907
Number actually treated						3,326
Attendances made by pupils for treatment						3,839
Half days devoted to—Periodic School Inspection						120
Treatment						493
Total						613
Fillings—Permanent Teeth						1,692
Temporary Teeth						58
Total						1,750
Number of teeth filled—Permanent Teeth						1,654
Temporary Teeth						56
Total						1,710
Extractions—Permanent Teeth						1,225
Temporary Teeth						2,451
Total						3,676
Administration of general anaesthetics for extraction :—						942

Orthodontics :—

Cases commenced during the year	...	...	...	...	24
Cases carried forward from previous year	...	...	...	...	15
Cases completed during the year	...	...	...	...	13
Cases discontinued during the year	...	...	...	...	3
Pupils treated with appliances	...	...	...	...	19
Removable appliances fitted	...	...	...	...	21
Fixed appliances fitted	...	...	...	...	2
Total attendances	...	...	...	...	152
Number of pupils supplied with artificial dentures	...	...	...	...	22
Other operations—Permanent Teeth	...	...	...	...	698
Temporary Teeth	...	...	...	...	62
Total					760

CLEANLINESS INSPECTIONS.

The School Nurses carried out head inspections in the schools at least once per term, visiting again a fortnight later to see the children noted as unclean.

The number of inspections carried out during the year totalled 50,203, the number of individual children found to be unclean being 1,207. All cases of head infestation, however slight, are included in this number. 387 children were asked to report at the School Clinic for further examination, and the parents were advised regarding further treatment where this was found necessary.

In cases where there was illness at home, or the mother appeared unable to manage, the School Nurses helped by allowing the children to attend one of the School Clinics for periodic inspection and advice, and for treatment when required.

DAY OPEN AIR SCHOOL FOR DELICATE CHILDREN.

The school has accommodation for 140 children, and at the end of the year 138 places were occupied.

One of the School Medical Officers makes regular visits to the school and since April, 1956, the visits have been made weekly instead of fortnightly, as previously. Children leaving the Open Air School are kept under observation for 12 months after discharge, and if found, on examination, to be in need of a further period at the school, are re-admitted. Five children were re-admitted during the year.

The majority of the children admitted to the school are of delicate physique or suffering from such diseases as anaemia, bronchitis, asthma,

rheumatism, heart disease or non-infective tuberculosis. Some are convalescent after an illness or operation.

During the year the amenities of the rest shed were considerably improved. Heating, electric light and a ceiling were installed and the open side was enclosed by means of a dwarf wall and windows which open on a vertical axis. These important alterations have considerably enhanced both its usefulness and its appearance. The room can now be used by children in good or bad weather without any risk of detriment to their health or comfort.

During 1956, 74 children were admitted to the school, the various ailments for which they were admitted being as set out below:—

Bronchitis	17
Delicate	28
Convalescence	8
Asthma	5
Nervousness	3
Anaemia	3
Physically handicapped	3
Rheumatism	2
Non-infective tuberculosis	2
Abdominal conditions	2
Heart cases	1
	<hr/>
	74
	<hr/>

IMMUNISATION AGAINST DIPHTHERIA.

Arrangements for the immunisation of, and the giving of re-inforcing doses to school children continued in 1956, the main groups being children newly admitted to Infant Departments and children of 10 years of age.

133 children attending Infant Departments and 44 children attending Junior Departments, who had not previously been immunised, were immunised.

Booster doses were given to 279 children attending Infant Departments and 326 children attending Junior Departments.

There was a decrease of 155 in those given booster doses. This decrease was due entirely to the cancellation of sessions, there being no sessions during the six weeks that poliomyelitis vaccinations were being carried out, nor for a period of about seven weeks, from mid-August to mid-October, when there were cases of poliomyelitis in the district.

HENRY J. PETERS,

Borough School Medical Officer.

